

Case Number:	CM14-0204060		
Date Assigned:	12/16/2014	Date of Injury:	11/05/2010
Decision Date:	02/05/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old male who sustained a work related injury on 11/05/2010. The mechanism of injury is not documented in the clinical records submitted for review. He is status post right foot osteoarticular transfer system (OATS) procedure of the right talus on 2/28/2012, left bunionectomy and left third intermetatarsal space neuroma excision in 2012. Per the Podiatry Progress Report dated 1/14/2014 the injured worker reported chronic right ankle pain and pain in the right arch with radiation to the ankle. He reports that the pain has not improved much. He reports decreased temperature in the toes and a decrease in the amount of hair to his lower extremity. His pain level is described as a 5-6 out of 10. Objective physical examination revealed no edema or erythema throughout the foot. The surgical sites are fully healed, and skin is pale and clammy compared to the hands. Pulses are easily palpable. There is pain and stiffness in dorsiflexion of the right ankle but no crepitus on range of motion. He is globally tender to palpation. Diagnoses included right ankle pain, left foot pain and CRPS. The plan of care included medications, possible surgical consultation and follow-up care. Per the provider report he was to permanently discontinue his job jumping in and out of truck. On 11/19/2014, Utilization Review non-certified a prescription for magnetic resonance imaging (MRI) of the left foot and MRI of the right foot based on lack of medical necessity. The CA MTUS ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The MTUS Guidelines do not recommend the use of MRI for disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Table 14-5 indicates that MRI may identify and define ligament tear, tendinitis, and neuroma, however physical examination is more useful. The most recent clinical note provide for review is dated 3/3/2014 and the request for MRI is dated 11/13/2104. The injured worker reports that his pain in his right ankle has returned and that it feels "sprained". He reports that he has developed low back pain with radiation to the left lower extremity. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for MRI of the left foot is determined to not be medically necessary.

MRI of the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The MTUS Guidelines do not recommend the use of MRI for disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Table 14-5 indicates that MRI may identify and define ligament tear, tendinitis, and neuroma, however physical examination is more useful. The most recent clinical note provide for review is dated 3/3/2014 and the request for MRI is dated 11/13/2104. The injured worker reports that his pain in his right ankle has returned and that it feels "sprained". He reports that he has developed low back pain with radiation to the left lower extremity. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for MRI of the right foot is determined to not be medically necessary.